

Verification Of Employment Letter

With reference to the Los Angeles County EMS Agency, Prehospital Care Reference No. 414, Registered Nurse/Respiratory Specialty Care Transport Provider, this Verification of Employment letter is for:

_____ R.N. (print or type name).

The above named person is employed more than 96 hours per year in:

- ☐ Emergency Department
- ☐ ICU/CCU
- ☐ Other Critical Care Area: (Specify) _____

Nurse Manager (print)

Nurse Manager (signature)

(_____)_____
Nurse Manager Telephone Number

Hospital Name and Address

R.N. Name (print)

R.N. (signature)

Date